

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		2				
3		2				
4		1				
5	/					
6	/					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	/		/		/	
45			/		/	
46			/		/	
47			/		/	
48			/		/	
49			/		/	
50			/		/	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60	/					
61	/					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73	/					
74	/					
75	/					
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87	/					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.	33					
TOTAL CLAIMS	43					